Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Olipares, Celestina (ARCH)	**CHAPTER 100.1**
Address: **45-693 Kenoke Street, Kaneohe, Hawaii 96744**	**Inspection Date: May 13, 2021 Annual**

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-8 Primary care giver qualifications. (a)(10) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall: Attend and successfully complete a minimum of six hours of training sessions per year which shall include but not be limited to any combination of the following areas: personal care, infection control, pharmacology, medical and behavioral management of residents, diseases and chronic illnesses, community services and resources. All inservice training and other educational experiences shall be documented and kept current; **FINDINGS** Primary Caregiver – Documentation of six (6) hours of training sessions between 5/2020 and 5/2021 unavailable for review STATE OF HAWAII DOH-OHCA STATE LICENSING '21 JUN -4 PM2:10	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

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☒	§11-100.1-8 Primary care giver qualifications. (a)(10) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall: Attend and successfully complete a minimum of six hours of training sessions per year which shall include but not be limited to any combination of the following areas: personal care, infection control, pharmacology, medical and behavioral management of residents, diseases and chronic illnesses, community services and resources. All inservice training and other educational experiences shall be documented and kept current; **FINDINGS** Primary Caregiver – Documentation of six (6) hours of training sessions between 5/2020 and 5/2021 unavailable for review STATE OF HAWAII DOH-OHCA STATE LICENSING 21 JUN -4 P12:10	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future I will make a checklist/notes in my calendar that training sessions needs to be completed within a year. All necessary paperworks will be checked/documented upon completion of training. All training certificates will be labelled and placed in one envelope.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (a) All individuals who either reside or provide care or services to residents in the Type 1 ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type 1 ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases. FINDINGS Substitute Caregiver (SCG) #1 – Current physical exam unavailable for review. Submit a copy with plan of correction.	**PART I** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** SCG #1 is no longer living at the ARCH therefore she is removed/discontinued as SGC effective September 1, 2017.	5/14/21

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☒	§11-100.1-9 Personnel, staffing and family requirements. (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases. **FINDINGS** Substitute Caregiver (SCG) #1 – Current physical exam unavailable for review. Submit a copy with plan of correction.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** SCG #1 is no longer a SCG Effective 9-1-2017, In the future I will make sure to put in my notes/ reminders/ calendar to remove all documents/paperworks & all non personnel / staff from my files to avoid confusion.	5/14/21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. **FINDINGS** SCG #1 – Initial and annual TB clearance unavailable for review. Submit a copy with plan of correction. Resident #1 – Initial 2-step TB clearance unavailable for review. Submit a copy with plan of correction.	**PART I** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** SCG # 1 is no longer a personnel / staff of the ARCH Resident # 1's 1ST step TB test is scheduled on 8-24-21 and 2ND step on 8-31-21.	5/14/21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type 1 ARCH shall have documented evidence of an initial and annual tuberculosis clearance. **FINDINGS** SCG #1 – Initial and annual TB clearance unavailable for review. Submit a copy with plan of correction. Resident #1 – Initial 2-step TB clearance unavailable for review. Submit a copy with plan of correction.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** • SCG # 1 is no longer a Personnel/ staff of the ARCH • In the future I will make sure to put in my notes/reminder book/ calendar to remove all paperworks/ documents of all non personnel/staff of the ARCH from ff. Files. • Resident # 1's 1st Step TB test is scheduled on 8-24-21 and 2nd step on 8-31-21 • In the future I will make sure that old documents will be labelled and placed in one envelope.	8/17/21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs; **FINDINGS** Resident #1 – Monthly progress notes do not include resident's response to medications and diet STATE OF HAWAII DOH-OHCA STATE LICENSING '21 JUN -4 P12:10	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

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☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs; **FINDINGS** Resident #1 – Monthly progress notes do not include resident's response to medications and diet	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future I will make sure to put in my notes/reminder book/ calendar that documentation will be completed immediately on Progress Notes to reflect the response/evaluation/observation on resident's response to medication and diet.	5/14/21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (f)(4) General rules regarding records: All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency. **FINDINGS** Resident #1 – Resident Emergency Information Sheet does not reflect the resident's current diagnoses. Submit an updated copy with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Resident #1's Resident Emergency Information sheet was updated right after the inspection date, Resident's current dignosis is now added.	5/14/21

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☒	§11-100.1-17 Records and reports. (f)(4) General rules regarding records: All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency. **FINDINGS** Resident #1 – Resident Emergency Information Sheet does not reflect the resident's current diagnoses. Submit an updated copy with plan of correction.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future to avoid repeating this kind of mistake I will make sure to put in my reminder book/ calendar as well as I will have my SCG's double check my work on a weekly basis to ensure that information on residents records are clear, complete and correct.	5/14/21

Licensee's/Administrator's Signature: Celestina Olipares

Print Name: CELESTINA OLIPARES

Date: MAY 28 2021

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

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